NOTES ON GERIATRIC MEDICINE

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THE GIANTS OF GERIATRICS

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Older people present different symptoms of illness compared with younger people. This is one of the most fascinating, yet misleading features of disease in geriatric medicine. Tiredness, fatigue, and general lethargy in a previously active older person, demand full examination and investigation. Falls, immobility, confusion and incontinence of urine or faeces are often harbingers of serious, but frequently correctable disease. These rather vague, nonspecific complaints cannot be safely discounted as unimportant or dismissed as the inevitable accompaniments of normal aging. They are, in fact, the so called "giants" of geriatric diagnosis. Before considering these problems further it would be wise to consider some general features of the aging body and its response to illness.

Throughout life, from birth to death, the body undergoes change. Early in life such changes are concerned with the development of the structure and functions which lead to maturity. After maturity, changes continue to occur but are now related to a decline in performance. This involutional process is know as "aging." It is difficult to identify an exact time at which aging begins but many functions reach their peak at about the age of thirty years, after which decline is noticed. It has been suggested that after this age, many systems show a continued loss of function at a rate of between 0.8% - 0.9% per annum.

The actual biological process of aging is being actively researched but little is known of the basic mechanisms involved which might make it possible to slow or reverse the decline. Besides the biological aging process, disease, accidents and the environment also contribute to the rate of functional deterioration. The changes encountered in normal aging occur slowly and there is a wide range of individual variation. This makes the chronological age a poor indicator of function. Individual rates of aging are governed by inheritance, environmental factors and personal life style.

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Perhaps the single, most important fact that we must remember is this: aging alone causes disability or dysfunction in less than 2% of all elderly persons. The vast majority of seniors adapt to growing older without too much difficulty and continue to function effectively. Older persons, like younger persons, are sick because they have a disease process, not because of the normal aging process. "What do you expect at your age?" is not an acceptable reply to someone attempting to seek help for a health problem.

Difficulty with Walking and Immobility

Difficulty with walking is a common problem in older patients and effective treatment depends upon accurate diagnosis. It is convenient to consider the causes under the general symptoms of weakness, stiffness, pain and loss of balance. Difficulty with walking, whatever the cause, may lead to falls.

Weakness may be caused by a stroke or complications with the nerve endings in diseases such as diabetes. A low level of sodium or potassium-resulting from poor nutrition or too many laxatives or too much diuretic medication-can lead to weakness. Vitamin deficiencies, especially of vitamin D or B12 may be implicated. Heart failure, lung disease, anaemia, obesity, lack of exercise or prolonged or unnecessary bed rest may also be the trigger mechanism.

Stiffness may arise from diseases of the bones or joints such as osteo or rheumatoid arthritis, gout or from a previous fracture. Alternatively, diseases affecting the brain, such as Parkinson's disease or a stroke may also be responsible.

Pain can cause great difficulty with walking and may arise from arthritis, fractures, tumors, diseases of the blood vessels, corns, bunions, untended toe nails, ulcerated toe nails, ulcerated legs or angina. This list is not exhaustive but serves to indicate how many conditions must be considered when assessing an elderly patient.

Loss of balance is commonly experienced by the older person. It may be caused by conditions such as Parkinson's disease, stroke and other nerve diseases. Mental impairment, fear of falling, unnecessary bed rest, drugs, visual impairment or general debility from poor nutrition can all lead to loss of balance.

Special note should be made of the dangers arising from unnecessary or prolonged bed rest. While bed rest may be essential for the comfort of the seriously ill or very weak patient, it has little advantage over resting in a chair. Lying in bed for older persons can be positively dangerous - the lungs may collapse; the secretions are more likely to be retained and pneumonia may develop; the heart may be less able to maintain a healthy blood pressure when the patient stands up and this leads to dizziness and falls. With prolonged bed rest, blood clots may form in the veins of the lower legs and these can become detached and travel to the lungs causing very dangerous "emboli." The skin may break down and pressure sores develop. Contractures of the joints, muscle wasting, foot drop, weakness and stiffness can also result. Bones will become thin, stones may form in the kidneys, control of the urine may be lost, constipation, heartburn, loss of appetite, depression and insomnia can all be induced by this practice. As Professor Stout has written:

Teach us to live that we may dread
unnecessary time in bed.
Get people up and we may save
our patients from an early grave.

Falls

Falls account for two thirds of accidental deaths occurring in the homes of older persons. Apart from the obvious risk of injury, frequent falls may destroy confidence in walking and thus lead to immobility. Increasing age leads to a deterioration in the balance mechanisms and to an increase in swaying. These do not of themselves cause a fall but they do prevent a person's ability to correct balance after a trip. Falling usually results from a combination of internal and external factors. External factors include

bad flooring, broken or poorly lit stairs, slippery pathways, and objects left in the way. Journeys to the toilet at night are especially hazardous to the elderly. Walking in the dark, the effects of sedative medications, and changes in blood pressure on rising contribute to the dangers.

Internal factors may operate spontaneously or only on movement. Faintness or loss of consciousness may result from a reduction in the blood supply to the brain. Blood loss, heart disease or the use of some drugs may underlie these changes. Low blood sugar levels, shortage of oxygen in the blood, epilepsy, strokes or other neurological diseases may also be involved. Senile dementia or impairment by any disease, i.e. pneumonia or cancer, may also present as attacks of falling.

Falling occurring during movement can have similar causes but we also have to exclude such problems as valvular heart disease, sensitivity of the blood vessels in the neck, and fainting associated with coughing bouts.

Dizziness is a particularly common problem in older persons and needs to be evaluated very carefully. The type of dizziness, the abruptness of the attack or its relation to movement, position or motion needs to be determined. When the underlying cause of the dizziness has been found, it can be treated effectively. A non-specific unsteadiness or vague light headedness is common and is usually not serious, often needing only reassurance from the doctor. Drugs promoted as cold remedies or as anti-motion sickness pills often make the elderly person more unsteady.

To reduce the risk of falling the older person should - obtain regular eye checks; use elastic stockings or support hose for varicose veins or swelling of the ankles; avoid the use of unnecessary medications especially sedatives or sleeping pills, blood pressure medications or diuretics. If these medications have been prescribed then ensure that regular medical check ups are performed. Adequate lighting in the bedrooms, stairs and washroom is very important and sometimes an emergency alert system such as "Aid Call" or "Lifeline" should be installed for help should a fall occur.

Confusion

This is a common problem in the geriatric population. Two broad types may be identified. These are namely those of recent onset (the acute confusional state), and those of longer duration (the chronic confusional state or dementia.) In order to distinguish between the two, it is necessary to obtain a clear history of the mode of onset and to do an accurate assessment of the individual's previous mental status.

Acute confusional states are associated with clouding of consciousness, a fluctuating level of awareness and defects in recent memory. Visual disturbances (hallucinations) are common and can be of a terrifying nature. The patient is typically restless and usually looks ill. The condition usually develops over two to three days and there may be lucid intervals. The confusion is often worse at night.

Many underlying diseases may cause acute confusion. Strokes, brain tumors, epileptic seizures, heart disease, lung disorders, infections, anaemia, diabetes, thyroid disease and drug usage are among the most common causes. Changes in a person's environment, especially admission to hospital may also precipitate this problem.

Treatment can be very successful but it is dependent on accurate diagnosis and the correct care. Close attention to general health is essential. The patient should be encouraged to drink, and records kept of the fluid intake. Sedation may be required but should be used in the lowest possible doses. Maximum attention from relatives and nurses is required with simple explanations of the surroundings being given. The person should be moved as little as possible during the illness.

Chronic confusion, or dementia is characterized by a wider loss of memory and function. Besides memory loss, there is the failure of being able to solve the problems of daily living and the failure of being able to complete ordinary tasks. The performance of skilled activities is reduced and there is the inability to use appropriate skills and to control emotional reactions. All of these changes occur without the clouding of consciousness.

Dementia is important because it is common and because it causes more disability than almost any other disorder of the elderly. Despite being common almost 80% is unknown to the doctor. Despite it being chronic, dementia usually presents as a crisis. Alzheimer's disease is the most common variety encountered but several other diseases result in this condition and again an accurate diagnosis is only reached after adequate investigation. Then proper management can begin. Any person demonstrating impairment of the memory, deterioration of intellect, change in personality or behaviour, depression or anxiety without cause, or strange neurological signs, should be seen by a physician.

Demented patients are best assessed in their own home and many can be managed there if adequate social support is provided and if relatives are assured that their difficulties are appreciated. The correct management of these patients demands that any associated curable disease is treated because other medical problems such as heart disease, anaemia or infection often make the mental problems worse. Similarly any emotional upset tends to make disorientation and confusion worse. Caring relatives should receive a full explanation of the course and nature of the illness, and arrangements for attendance of the patient at a day centre or day hospital should take place if at all possible. Drugs should be used as sparingly as possible and any depression should be treated. Above all, demented patients require security, stimulation and loving patience.

Urinary incontinence

This condition is common among elderly persons and gives rise to much unhappiness, discomfort and skin problems. While some may be apparently intractable, the majority of sufferers can be helped by appropriate investigation and treatment. The physical conditions which may precipitate incontinence include immobility, severe illness, mental impairment and drug usage. The psychological trauma of admission to hospital is a frequent cause, probably related to the strange surroundings, unfamiliar routine and the embarrassing dependency upon others. Local disorders of the urinary tract, loss of nerve control of the bladder, and brain disease may all be predisposing factors.

All patients with incontinence should be examined and thoroughly investigated. Treatment can then be initiated. Adequate fluids should be taken, but drinking immediately before going to bed should be avoided. The use of drugs or sometimes appliances may be needed in the treatment of incontinence.

DANGER SIGNS IN THE ELDERLY

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Growing old is a part of the living process. It is a normal part of life development. Aging is not a disease; however, the elderly are more likely to become ill, and they may suffer from several diseases at the same time. Therefore, their health may decline quite rapidly, requiring urgent medical attention. This is one reason why having a family physician is so important.

But illness in older people often presents in much less dramatic ways, gradually 'creeping on'.

Elderly individuals are more likely to ignore or fail to report symptoms. Friends and family can help by being on the lookout for tell-tale signs of failing health.

Three common clues of trouble ahead:

1. Vague feelings of ill health

2. Falls - may be due to anything from impending stroke to malnutrition

3. Mental changes - in particular confusion

These and other areas of concern are discussed below:

Bladder

More frequent visits to the toilet, including several times at night; burning sensation while passing urine; changes in urine color (from yellow to red or smoke-coloured); occasional loss of control when laughing, sneezing or coughing; may all be due to easily treated conditions like infection, but they warrant medical attention.

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Bowel

The commonest complaint is constipation. This may be long-standing or may develop for the first time when loss of appetite, fever or hot weather results in insufficient fluid intake.

Sometimes constipation may cause diarrhea, if the bowel is plugged up for too long.

Regularity does not necessarily mean a bowel movement every day. The range of normal is quite wide. However, any change in bowel habits (newly developed constipation, change from constipation to diarrhea or alteration in the appearance of stools) should be investigated to rule out diverticular disease, ulcer or bowel cancer.

Incontinence of stool, with resulting soiling, must not be ignored.

Eyes

Eye sight may change with age, and new glasses may be needed. "Weakening" of sight could be due to development of cataracts (a change in the lens of the eye), glaucoma (increased pressure inside the eye), or diseases affecting the retina (the back of the eye). These complaints deserve the attention of the physician since cataracts can be safely removed, glaucoma controlled with medication, and other medical conditions may result in improvement of vision when treated. Elderly people shouldn't become blind due to neglect.

Because of the complexity of diseases involved, an ophthalmologist (a physician with special training in diseases of the eye) is the proper person to see.

Hearing

If one has difficulty understanding the spoken word, serious social isolation can develop. Although hearing does decline with age, sudden changes are

important to report. It is unfair to assume that deafness is simply a sign of old age, until simple causes, such as wax building are excluded.

Medications can also commonly affect hearing. Aspirin, included in may over-the-counter remedies, is often the culprit.

After the doctor has carefully examined the hard-of-hearing person, hearing aids can be very useful. There are other special devices available as well, such as phone receivers with amplification, light signals instead of door-bells, etc. These can help people with a hearing handicap.

Heart Disease

Heart failure may creep on, but early signs may be detected, if looked for.

Endurance declines' previously fit persons become short of breath after a flight of stairs, or just walking on level ground. Although there is some loss of stamina with aging, this does not usually occur in the span of weeks.

Fluid buildup can present in a number of ways. Feet and ankles may well up, shoes become thigh, stockings leave a deep dent. Skirts or pants may become too confining. Weight gain without an increase in appetite is another sign.

Elderly persons who used to sleep well may be awakened by coughing, shortness of breath, or the need to pass large amounts of urine. These are other signs suggesting a gradual definite heart failure.

Lung disease can present similarly; the physician is trained to make the diagnosis. These conditions can be controlled with effective medications, and the patient may return to normal activities.

Mobility

We all value our independence. Loss of mobility is a great threat to the elderly. Walking is very important, both as exercise and the means of contact with the outside world.

If an older person develops a limp, it is urgent to find the cause. Poorly fitting shoes, corns, blisters and bunions may be the unglamorous culprits, all of them treatable; yet if not attended to, they can lead to chair-bound existence.

Other causes of abnormal gait are arthritis of the knees, hops and spine. There is effective treatment for many types of arthritis, which will prevent or reduce damage to the joints. In all cases there are means of controlling the pain, which is often all that is needed to restore the ability to walk and get around. Therefore pessimistic attitudes about "rheumatism" are definitely harmful.

If none of these reasons apply, yet the elderly individual curtails walks, abandoning the old daily "constitutional", heart, lung disease, confusion or depression may be the underlying cause.

Falls

For several reasons, elderly people are more likely to fall. They may also sustain more serious injury. Some of the causes are failing vision, difficulty in returning to the standing position following a stumble, shuffling gait, compounded by poor lighting and loose objects (e.g. throw rugs) on the floor, as well as previous injury.

Special attention is crucial in making the home safe at night. The elderly person should get out of the bed or chair slowly to avoid becoming dizzy or light-headed. It is a good idea to empty the bladder just before retiring, thereby reducing the need for night-time trips to the bathroom.

The path from the bed to the bathroom should be well-lit and free from items that can cause a trip and a fall.

If the elderly person has fallen once, this could happen again, resulting in serious injury. Any fall should therefore be considered a warning, and properly investigated.

Stroke

One of the most dreaded diseases of old age sometimes strikes without warning. In other cases, however, there are signs to be noted. Any brief period of numbness, weakness or sudden loss of power in an arm or a leg is suspect. When the elderly person feels that the power of speech is lost for even seconds or minutes, only to return to normal, this can be a grave warning sign. sudden loss of sight in one eye or in part of one eye is another clue, that circulation to the brain may be impaired.

Attentive family or friends may notice that the elderly individual's face may droop or one side may suddenly appear different from the other. An arm may become powerless, a leg is dragged, a knee buckles. In the middle of a sentence the words may cease, become slurred, or the wrong words are uttered, with loss or garbling of meaning as a result. The person suffering from the affliction may or may not be aware that something is amiss.

Certain types of strokes can be prevented, or their risk reduced. The symptoms described above warrant urgent medical attention.

Pain

Many diseases common in old age can cause pain. However, the idea that aches and pains are a natural part of growing old should not be accepted as excuse to avoid or delay investigation of the cause of these complaints. Pain is an indication that something is wrong; but many painful conditions can be cured, and others adequately controlled, provided treatment is started early.

Any new, sudden or severe pain deserves attention. Over-the-counter remedies are not ideal treatments for older people, although non-prescription drugs are often used. They frequently contain multiple ingredients, some of which may cause side-effects. Whenever an older patient is talking to to the physician, it is crucial to report all medications taken, including the ones bought without a prescription.

NUTRITION

There are several reasons for poor nutrition in the elderly.

Failing eyesight and hearing

Labels with small print are difficult to read. Therefore, shopping by colour may become a habit, but eventually variety is eliminated as changes in product wrapping and labelling occur.

We usually obtain information about new products or changes in old products through radio or television advertising. Persons who are hard of hearing will lose out on many of the good ideas, or changes that occur in the marketplace.

Signs that not enough cooking is done in the house include:

1. Obviously insufficient food supplies (empty shelves)
2. No fruits or vegetables in the fridge
3. Less than three pots and pans in use
4. Spoiled food in fridge or elsewhere
5. Vague answers to questions about meals (What did you have for supper? When did you last have a salad? etc.)

Loneliness

Women who are used to cooking meals for large families may not adjust well to preparing food for one person. They may also be unaware of the new smaller packages and can sizes designed for single servings, which are now available in most food stores.

They may start skipping meals; join the tea-and-cookies generation; and lose out on important nutrients.

This is not something one should accept as natural or healthy.

Lonely elderly persons might try inviting a friend for a weekly gourmet meal. They can then exchange recipe ideas; and a lunch or supper club may gradually develop.

Alcoholism

Addition to alcohol may first become obvious when food intake is reduced (booze is naked calories without nutritional value). Although discussed much in public, alcoholism is not an uncommon problem in the elderly.

Malnutrition in late life is an insidious condition, which easily escapes attention. Vitamin supplementation is a poor alternative to freshly prepared meals with daily variety. Fresh fruit and vegetables should be part of the diet every day. Meat, including fish, can be prepared in innumerable ways, as cook-books testify. Milk is needed for more than just cream in tea or coffee, since it is a valuable source of both protein and calcium.

Exercise of any kind, especially walking, has many benefits. It is the best defence against thinning of the bones (osteoporosis). It also keeps the heart and lungs in shape. It stimulates appetite, helps constipation and fights obesity. Sunshine is an added benefit, and finally it can be a course of intellectual and social stimulation.

Both of these problems can be helped if a friend or relative accompanies the elderly person to the store or supermarket.

Taste and smell

Both of these senses decline with age, making some previously favoured foods unpalatable. This may be especially true of foods with both a bitter and sweet taste (e.g. green pepper), which may now simply taste bitter. Spoiled food may also go undetected.

Dry mouth

Chewing and swallowing can become difficult, tooth decay may run rampant, the soft inner lining of the mouth may break down. Liquid glycerin mixed with lemon juice or lemon juice by itself, as well as sips of water with meals can help.

Teeth and dentures

Loss of teeth may deny the enjoyment of many foods (e.g. steak or other meat meals, fresh fruit and vegetables, etc.). Dentures are an acceptable alternative. There should be no excuse for the old toothless smile. Properly fitted dentures not only improve appearance but the eliminate a major source of malnutrition, such as poorly chewed food.

Previously well-fitting dentures may become loose, if the owner loses weight. These ill-fitting dentures are often abandoned and a vicious cycle starts. The jaw bones change shape, making the fit even worse, and causing even greater reluctance to use the dentures.

Early prevention is important. Although one may have lost all of one's teeth, visits to the dentist should not be forgotten. the dentist may advise relining or other minor adjustments, which will make the dentures comfortable once more.

The dentist is also well trained to detect any abnormal mouth changes early.

Depression

Depressed people often have ideas of unworthiness or thoughts of poverty, as well as poor appetite. Any of these can lead to bad cooking habits.

MENTAL ILLNESS

This is an area that may be difficult to sort out. Signs may be subtle, and friends or family reluctant to accept the observations they make. Fear and social stigma also cloud the issues. Two common conditions will be discussed.

Dementia

The term described a group of diseases leading to a decline in metal capacity. Some of these conditions may lead to serious impairment, while others can be reversed with treatment. In order to discover the cause of mental deterioration, medical attention should be sought early. Even if drug treatment is not yet available, the physician is the first point of contact with agencies in the community that can help families in caring for persons suffering these diseases. Many mild forms of dementia can be managed at home.

Some of the early signs are described:

1. Anxiety, irritability or depressed mood without obvious cause.

2. Forgetfulness, items misplaced, appointments missed.

3. Changes in personality, anger caused by minor stress or frustration, unreasonable behaviour.

4. Repetition, dwelling on minor issues, repeating the same question time and time again.

5. Simplification of daily routine, dropping previously important activities (reading a favourite column in the newspaper, checking the mail at an accustomed time, etc.).

6. Development of rituals: some people have always lived by rigid schedules, however for individuals who in the past led a flexible and unstructured existence, the appearance of a strict time-table that tolerates no deviation may be due to failing memory.

7. Declining memory for recent events: new information is not stored well (this may become obvious when the conversation turns to political events or other matters of current interest).

8. Confusion: this is a very important sign, yet elderly people are masters at covering up for it. Instead of giving an answer they may feign dismay or anger at their partner in conversation for asking such foolish questions. They may skillfully turn the table ("You should know that yourself!). Confusion can be the reason for some curtailment of activities (shopping trips may be eliminated for fear of getting lost on the way home).

The signs listed may seem bewildering and complicated. They all include elements of personal judgement as to what was normal in this particular individual -- what is different? what is expected? The common element in all of them is that the brain, the most magnificent computer on earth, begins to fail through loss of reserves. Since there is less to fall back on, older and more primitive means of coping (simplification, highly emotional responses, arguments, etc.) are dredged up.

It is crucial to understand that the above are only guidelines for thoughtful observation -- not an invitation for a witch-hunt. Contrary to popular myths, dementia does not necessarily result in admissions to "homes", nor does mild mental deterioration turn the elderly into sources of danger and menace.

Depression

This is quite common in the elderly, and it can mimic dementia. Some signs are:

1. Loss of interest in persons, activities, events.
2. Mood constantly at a low ebb.
3. Inability to enjoy what is normally a source of happiness (grandmother no longer looks forward to the grandchildren's visits).
4. Loss of appetite which can lead to weight loss.
5. Ideas of worthlessness (may even believe that one's mere presence will harm or poison others).
6. Poor sleeping habits, early morning awakening.
7. Recurrent thoughts of past guilt or sins, frequent ideas about death or suicide.

8. Hypochondriasis.

Depression may masquerade as bodily symptoms, challenging even the most astute physician; but this is certainly not malingering. the illness is quite real.

There are several reasons for trying to detect these signs early. Depression can be treated, with dramatic improvement in the enjoyment patients may get out of life. It is also crucial to avoid labelling the depressed patient as senile or demented.

Finally, depression can kill. Although society is good at covering up for this, suicide is common in the elderly. If some of the above mentioned symptoms are noted, it is time to refer the elderly person to someone who can help (the physician, clergy, etc.). This can prevent inexcusable tragedies.

SOCIAL DANGER SIGNS

Loneliness

As already mentioned, depression may occur more often in the elderly. Whatever the problem, it is easier to bear if someone is there to share it. Widows don't have a spouse for moral support. They also tend to be more impoverished than those living with their husbands.

The symptoms of grieving are similar to depression. When they do not resolve into a new outlook and positive approach to life in six to twelve months; or if the individual becomes incapacitated by grief, then depression is present.

Solutions to some of the problems of loneliness include encouragement of new friendships; joining a social club or senior citizens' centre; joining a meal-sharing system (people visit each other and host the meal); enlisting in meals-on-wheels and wheels-to-meals services; and naturally, family members should be aware of the continuing importance if inviting the elderly family member to all family get-togethers.

Housing

In their determination to maintain their independence, many seniors accept substandard housing. They may not be aware of the government aid programs available to finance insulation, structural and other maintenance work in their homes; and to provide funds for home adaptations, such as grab bars and railings in bathrooms and corridors, or widening doors for wheelchairs, etc. This help may be all that is required to keep the elderly in their homes rather than institutions. Information about the services available can be obtained by contacting the local information centres, or the Senior Citizens Secretariat.

During a lifetime much furniture may have been accumulated, cluttering small dwellings. Items that are not essential and are of no sentimental value to their owner, may be sold, stored, or donated.

Certain pieces of furniture, like low-slung chairs without arms, may be hazardous because it is difficult to get up from them.

It is also important to know that aids to mobility, e.g. canes and walkers, are available to seniors free of charge. Crutches lying around the house should be discarded. They are not safe for elderly persons.

Security

Many senior citizens live in run-down neighborhoods, either due to financial circumstances, or because they are reluctant to move from the area they have lived in for decades. Crimes against the elderly are seldom reported by the victim because of fear of reprisals. Some elderly persons have the resigned attitude "What else can one expect?". It is a sad comment on our times that violent crime against the elderly, including rape and murder, are on the increase.

Home improvements can make the home a less attractive target for burglars. The return of police to foot patrols also helps, and neighbours should be encouraged to keep an eye on unusual occurrences.

If the home-owner leaves for an extended period or is hospitalized, the police department can be informed.

"Operation Identification" is a service provided to mark valuable items so that they can be more easily recovered if they are stolen.

The police department can also be invited to the home for a "security check" to advise on locks, lighting, etc.

Safety within the home is another aspect of security. Lighting is crucial if accidents are to be avoided. Paths from bed to bathroom to kitchen should be inspected for loose objects to prevent a fall.

In apartment buildings, senior citizens can organize morning checks on each other. A signal can be agreed upon (a light turned off, or mail box opened). "No-shows" are investigated and help provided where needed.

FINANCES

Although government incomes are far from extravagant, they can be of help to all elderly citizens in Canada. Friends or family should make sure that the elderly do receive the benefits they are entitled to.

The Old Age Security Benefit is available to all residents of Canada who meet certain residence requirements. Proof of date of birth is required, but if a birth certificate is not available, other means of proving age do exist. Government Income Supplement (GIS) and the Alberta Assured Income Plan (AAIP) require proof of financial need, while the Canada Pension Plan payments are based on prior contributions. Other possible sources of funds include Veterans' Pensions, Spouse's Allowance, etc.

Further information can be obtained from Health and Welfare Canada, as well as Alberta Social Services and Community Health. The Senior Citizens' Secretariat publishes an information booklet entitled "Programs for Seniors" which contains valuable information of this type.

Health care and medication costs for senior citizens are subsidized by government. In Alberta, the Alberta Health Care Insurance Commission and Blue Cross benefits are free. As with the financial supplements listed above, application forms must be filled out. Friends or family may need to take the time to help with these forms.

Many recreational facilities (movies, theatres, etc.) offer lower rates for the elderly. Public transportation is also subsidized -- bus passes are available and special transportation systems may be available for those who cannot use the regular transportation system. Again, application is necessary.

DRUGS AND THE ELDERLY

A large proportion of the older age group is taking medications daily -- many of them multiple drugs for many different ailments.

Prescription Drugs

The physician's instructions should be carefully followed. IT IS FAR BETTER TO ASK TWICE THAN TO MISUNDERSTAND ONCE!!

The patient should find out:

a. What is the medication for?

b. How and when to take it.

c. What benefit to expect from the drug.

d. What are the common side-effects?

e. What are the clues that side-effects are developing?

In order to avoid confusion, it is a good idea to have all medication laid out for the day. Better still, a simple medication board with the days of the

week can be prepared, and all the pills arranged for the week. The pharmacist may have a special medication box for sale for such a purpose. As long as the patient know what day it is, slip-ups are unlikely.

If the patient can't recall whether or not a pill was taken the day before, he or she should never take a double dose next morning.

The Medicine Cabinet

Hoarding medicine (keeping supplies for a 'rainy day'), as well as doctor-shopping and obtaining extra stocks of medication, are extremely dangerous habits. The greatest help a concerned friend or relative can offer is to cart all medications, prescription and nonprescription drugs alike, to the neighbourhood pharmacist or the family physician where they can be sorted out and appropriately discarded.

Unfortunately, it is a popular assumption that every complaint and symptom needs a different pill for treatment. Primarily, the physician treats disease, not symptoms, and many complaints will respond to the same drug. In addition, the doctor may decide that treatment of a minor problem may be worse than the complaint itself, and will decide to offer reassurance along.

The Pharmacist

A highly trained professional with access to the patient's doctor, the neighbourhood pharmacist should be an important ally. A medication profile is usually kept in the pharmacy, and conflicting drug combinations can often be picked up.

Alcohol

Drinking to excess is one of our most serious social problems today. Although not talked about, alcoholism is common in the elderly population.

In addition to the well-known hazards, malnutrition, falls, undetected injuries and sudden death are more common in alcoholics.

Since the elderly are more likely to be taking medications, the risk of interaction between drugs and alcohol is greater. A golden rule is that BOOZE AND PILLS DON'T MIX!

Covert drinking may become evident if empty bottles or liquor are found in odd hiding places. If the stock in the liquor cabinet is changing rapidly, more drinking is going on than reported. Excuses like "for medicinal purposes", "for guests only", are familiar to all of us. Since alcohol intake provides calories but no nutrients, malnutrition may be rampant. Depression can naturally worsen any previous drinking problem as well.

Signs Requiring Immediate Attention

Bleeding: with or without an injury
Pain: severe, sudden, or a kind never experienced before
Weakness: of an arm or leg, or part of the face.
Numbness: of half of the body or the face
Speech: slurred, garbled or suddenly mute
Shortness of breath: especially if never experienced before
Recent memory failure or confusion
Depression
Recurrent urinary incontinence
Recurrent falls

The physician should also know about these:

1. Lumps and swellings.
2. Skin rashes.
3. Ulcers that heal poorly.
4. Persistent cough or hoarseness.
5. Indigestion or difficulty with pain on swallowing.
6. Nausea and vomiting.
7. Diarrhea or constipation.
8. Burning or pain when passing urine.
9. Dizziness and blackouts.
10. Weight loss while not on a diet.
11. Unexplained weight gain.
12. Headaches.
13. Depressed moods.

Summary of the Human "Checklist"

Eyesight: Glasses, good lighting, variety of colours.
Hearing: Wax, other causes of deafness, hearing aid, battery.
Nutrition: Teeth, dentures, enough to eat, appetizing meals.
Mobility: Joints, canes and walkers, home adaptation, light and safety.
Housing: Heating, security, friendly surroundings.
Activity: Meaningful things to do, feels needed.
Friendly Human Contact: Visits, outside activities, showing that someone cares.